



# ARTS PROJECT GRANT PROGRAM APPLICATION

## PRIOR TO APPLYING

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- Read the Arts Project Grant Application Guidelines available [here](#).
- Save this PDF application to your desktop during the editing process and prior to submitting.

## GLOSSARY OF TERMS USED IN THIS APPLICATION

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**Project Outcomes:** For the purposes of this application, project outcomes are defined as those changes a project will stimulate or enable and the likely impact on participants, audience and/or the community. Outcomes are distinct from the project activities. Examples of project outcomes: "Choral members will master the unique vocal requirements of performing shaped-note music." or "A minimum of 35 school-aged children will gain experience in using a pottery wheel."

**In-Kind:** In-kind is defined as non-cash contributions of time, equipment, space, and other items committed to the project. Examples of in-kind include:

- **Goods**, like art supplies
- **Services**, like meeting space, photocopy and mail services, and administrative/financial support
- **Expertise**, like legal, tax, or business advice; marketing and web site development; and strategic planning

For the purposes of this grant application, an estimation of in-kind support for a project should be entered in the chart found in Section IV. and entered into both the income **and** expense budgets at line 10.

## I. APPLICANT INFORMATION

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1. Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_  
Applicant's FY2013 Income: \_\_\_\_\_ Expenses: \_\_\_\_\_  
Number of paid staff: Full time \_\_\_\_\_ Part-time or contract \_\_\_\_\_  
Number of volunteer staff: Full time \_\_\_\_\_ Part-time \_\_\_\_\_  
Annual attendance in FY2013: \_\_\_\_\_  
Number of artists participating or impacted in FY2013: \_\_\_\_\_
2. Please indicate the primary discipline of the APPLICANT (select only one):  

<input type="checkbox"/> Visual Arts/Craft	<input type="checkbox"/> Literary Arts	<input type="checkbox"/> Theatre	<input type="checkbox"/> Multi-Disciplinary
<input type="checkbox"/> Music	<input type="checkbox"/> Media Arts	<input type="checkbox"/> Dance	<input type="checkbox"/> Other _____

## II. PROJECT DESCRIPTION

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1. Provide a brief descriptive title for the project: \_\_\_\_\_  
Project director or contact person for this project: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Project/activity dates: Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

2. Total project cost: \$ \_\_\_\_\_
3. Amount requested (Reminder: Arts Project Grants will **not** cover 100% of project costs): \$ \_\_\_\_\_
4. Admission charge for the project (if any): \_\_\_\_\_
5. Please indicate the primary discipline of the PROJECT (select only one):  

<input type="checkbox"/> Visual Arts/Craft	<input type="checkbox"/> Literary Arts	<input type="checkbox"/> Theatre	<input type="checkbox"/> Multi-Disciplinary
<input type="checkbox"/> Music	<input type="checkbox"/> Media Arts	<input type="checkbox"/> Dance	<input type="checkbox"/> Other _____
6. Is the project location(s) accessible to persons with disabilities as defined in the Americans with Disabilities Act?  
☐ Yes    ☐ No
7. Total number of artists to be involved in the project (please include all artists whether compensated or not):  
\_\_\_\_\_
8. Total projected attendance for the project: \_\_\_\_\_
9. Total number of volunteers (not including artists or staff) to be involved in the project: \_\_\_\_\_

### III. PROJECT OVERVIEW

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Please make every effort to be clear and brief. Bullet points may be used rather than paragraph form if preferred.

1. Provide a narrative that summarizes the project.

2. List three project outcomes. (See Glossary at top of application form for definition of project outcomes.)

3. Describe how Arts Project Grant Program funding will be used for the project.

## ARTISTIC QUALITY

1. How will the proposed project demonstrate artistic quality? Please address the criteria listed in the guidelines.

2. Describe the primary artists, persons and/or groups involved in the implementation of the project and explain their roles.

3. Applicants may e-mail one PDF of no more than three pages of artistic documentation to michaelm@bloomington.in.gov. This can be reviews, programs, images, etc. to provide evidence of artistic quality (optional).

## **COMMUNITY IMPACT**

1. How will the proposed project impact the community? Please address the criteria listed in the guidelines.

2. Who is the project's target audience, and what is the relevance or importance of this project to them?

## ORGANIZATIONAL CAPACITY

1. Provide a detailed timeline for project activities.

2. Outline marketing plans for the project.

3. What specific measurements will be used to assess the three project outcomes?

4. If this project has been done before, what changes have been made?

#### IV. FINANCIAL INFORMATION

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**1. CITY OF BLOOMINGTON SUPPORT.** List cash or in-kind funding received by the applicant from the City of Bloomington during the past three years.

YEAR	GRANTING PROGRAM	CASH/IN-KIND	PURPOSE/PROJECT	AMOUNT
				\$
				\$
				\$

**2. IN-KIND CONTRIBUTIONS/EXPENSES.** Specify in-kind contributions/expenses as requested in the form below.

Be sure to include rate information showing how you calculated dollar value for in-kind contributions. If you show a dollar value of \$100 for volunteer services, please, specify how many volunteers are anticipated for how many hours at what rate per hour. If you need additional space, add an additional page to this document with details as specified in the form below.

SERVICES RENDERED	MATERIALS DONATED	DONOR	RATE	DOLLAR VALUE
				\$
				\$
			TOTAL	\$



### 3. ACTIVITY BUDGET

The Arts Project Grant program has a matching fund requirement. Funding requests should include at least a 1:1 match. For example: a \$2,000 project has a \$1,000 grant request and at least \$1,000 match from the applicant, and in-kind support for the applicant's match portion is capped at a maximum of 50% of the match amount.

<b>INCOME SUMMARY</b> - Provide a budget income summary for your proposed activity.	
<b>REVENUE</b>	
1. Admissions	\$
2. Contracted Services	\$
3. Other Revenue	\$
<b>DONATIONS &amp; GRANTS</b>	
4. Corporate support	\$
5. Foundation support	\$
6. Other private support	\$
7. Government support	\$
<b>OTHER INCOME</b>	
8. Applicant cash	\$
<b>INCOME TOTALS</b>	
9. Total cash income (add lines 1-8)	\$
10. Total in-kind contributions/expenses Should match Expense Line 10.	\$
11. Arts Project Grant Fund Request	\$
<b>TOTAL PROJECT INCOME</b> (add lines 9-11)	\$
<b>EXPENSE SUMMARY</b> - Provide a budget expense summary for your proposed activity.	
<b>EXPENSE CATEGORY</b>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9. Total cash expenses (add lines 1-8)	\$
10. Total in-kind contributions/expenses Should match Income Line 10.	\$
<b>TOTAL PROJECT EXPENDITURES</b> (add lines 9 & 10)	\$

## V. ASSURANCES

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The Primary Applicant assures The City of Bloomington Arts Commission that:

1. The activities and services for which assistance is sought will be administered by or under the supervision of the Primary Applicant.
2. The filing of this application has been duly authorized as appropriate by the governing body of the Applicant organization.
3. The Applicant will expend funds received as a result of this application solely for the described project or program.
4. Submission of this application signifies intention of compliance with Title VI of the Civil Rights Act of 1964, Labor Standards under Section 5(1) of the National Foundation of the Arts and Humanities Act of 1965, the Rehabilitation Act of 1973, Title III of the Age Discrimination Act of 1975, Title IX of the Education Amendments, the Americans with Disabilities Act and the Civil Rights Act of 1991, and all other applicable federal, state and local laws.

### Applicant's Primary Contact

### Date

Signed by \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

### Director for this project/activity

### Date

(if different from primary contact)

Signed by \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

**Submission of a signed grant application means acceptance of responsibility for having read and understood the information in these guidelines, and compliance with all rules, regulations, laws, terms and conditions described in this document.**

## TO SUBMIT THIS APPLICATION

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- Save the grant application PDF to your desktop.
- Click the SUBMIT button on the lower left-hand corner of this page.

You should receive an electronic confirmation of your application submission.  
Problems? Contact Miah Michaelsen 812.349.3534 or [michaelm@bloomington.in.gov](mailto:michaelm@bloomington.in.gov).

DEADLINE FOR SUBMISSIONS IS APRIL 1.

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